

NOTICE OF REVISION (NOR)		1. DATE (YYMMDD)	Form Approved OMB No. 0704-0188
THIS REVISION DESCRIBED BELOW HAS BEEN AUTHORIZED FOR THE DOCUMENT LISTED			
Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22201-4301, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503		2. PROCURING ACTIVITY NO.	
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICE FOR THE CONTRACT / PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM.		3. DODAAC W31GH3	
4. ORIGINATOR	b. ADDRESS (Street, City, State, Zip Code)	5. CAGE CODE	6. NOR NO.
a. TYPED NAME (First, Middle Initial, Last)	U.S. Army Aviation & Missile Command	18876	004. SH 1 OF 1
ATTN: AMSAM-RD-SE-ES	MRD&E Center	7. CAGE CODE	8. DOCUMENT NO.
	Redstone Arsenal, AL 35898	18876	13281214
9. TITLE OF DOCUMENT	10. REVISION LETTER		11. ECP NO.
DETECTOR ASSEMBLY, WIDE FIELD	a. CURRENT	b. NEW	
	G		MI-L6426
12. CONFIGURATION ITEM (OR SYSTEM) TO WHICH ECP APPLIES TRACKER ASSEMBLY			
13. DESCRIPTION OF REVISION ON PAGE 1, REVISE NOTE 21 AS SHOWN:  FROM: 21. COAXIAL CABLE: RG-404/U IAW MIL-C-17/32  TO: 21. COAXIAL CABLE: RG-404/U IAW MIL-C-17/132.			
14. THIS SECTION FOR GOVERNMENT USE ONLY			
a. (X one)	(1) Existing document supplementary by this NOR may be used in manufacture. (2) Revised document must be received before manufacturer may incorporate this change. (3) Custodian of master document shall make above revision and furnish revised document.		
b. ACTIVITY AUTHORIZED TO APPROVE CHANGE FOR GOVERNMENT	c. TYPED NAME (First, Middle Initial, Last)		
d. TITLE	e. SIGNATURE	f. DATE SIGNED (YYMMDD)	
AMSAM-DSA-WCP	Carlton Hosmer	980204	
15a. ACTIVITY ACCOMPLISHING REVISION	b. REVISION COMPLETED (Signature)	c. DATE SIGNED (YYMMDD)	

DD FORM 1695, APR 92

Previous editions are obsolete